



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Recruitment Request

Date Notification Prepared: _____ Contact Name/#: _____

Department: _____ Division: _____

Class Code: _____ Class Title: _____

EPC Number(s): _____ Position(s) Type: ☐ FT ☐ PT / ☐ R ☐ L ☐ S - Shift: ☐ 1st ☐ 2nd ☐ 3rd

Complete this section **ONLY** if a current employee from your department has been identified to fill this noncompetitive or provisional vacancy, and no CSC posting is being requested. A completed application must be submitted with this notification, and approved by the Civil Service Commission **BEFORE** an offer of employment can be made to the identified candidate.

1. Employee Name: _____
2. Social Security Number: _____
3. Current Classification: _____

Please select one of the following:

☐ **Please ADMINISTER an AT VACANCY exam for this position and issue a certification list:**

1. ☐ Open Competitive ☐ Promotional
 - a. Reason for test: ☐ Eligible list < than 5 names ☐ List due to expire ☐ Other: _____
 - b. Special information to include in posting: _____
2. ☐ Rule VI (Name/SSN): _____ *(forward completed application with this request form)*
Reason for Rule VI Request: _____

FOR CSC USE ONLY: Rule VI Request ☐ Approved / ☐ Denied by: _____ MQ's ☐ Approved / ☐ Rejected by: _____

☐ **Please POST this position:**

1. Opening Date: _____ Closing Date: _____
3. Individual to receive ARF's: _____ Phone: (614) 645 - _____
4. Mailing Address: _____

5. Special information to be included in the Vacancy Notification: _____

☐ **Please ISSUE a competitive/qualifying noncompetitive certification list.**

Comments: _____
Contact: _____ Phone: (614) 645 - _____

☐ **Please REVIEW the attached () application(s) and issue a noncompetitive certification list or provisional hiring approval.**

Authorizing Signature

Date

Extension

Selection Process Summary

Interview Panel Members:

Panel #1	Panel #2
Name:	Name:
Classification:	Classification:

Candidate Summary:

Final Candidate:	#1	#2	#3	#4	#5
Last Name:					
First Name:					
1 st Interview Date:					
2 nd Interview Date:					
Current Position Title:					
Current Employer:					
Current Pay Rate:					
BICF info rec'd. from CSC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Reference Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Verified only	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Verified only	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Verified only	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Verified only	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Verified only
Overall rating by Panel #1:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Overall rating by Panel #2:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorizing Signature					

THE FOLLOWING ITEMS ARE TO BE COMPLETED FOLLOWING THE APPOINTING AUTHORITY'S FINAL SELECTION

Conditional Offer Date:					
Drug Screen Date:					
Drug Screen OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSC Interview Date:					
Appointment Effective					
Starting Pay Rate:					

Comments Regarding Candidate:

Candidate 1:	
Candidate 2:	
Candidate 3:	
Candidate 4:	
Candidate 5:	